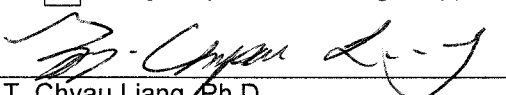


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 17257/005001	
Application No. 10/541,247-Conf. #6598	Filing Date July 1, 2005	Examiner A. H. Bowman	Art Unit 1635		
Applicant(s): Mujun Zhao, et al.					
Invention: HUMAN LIVER REGENERATION ASSOCIATED PROTEIN AND THE USE THEREOF					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	5	- 20 =	0	x 26.00	0.00
<b>Independent Claims</b>	1	- 4 =	0	x 110.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b>					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 T. Chyau Liang, Ph.D. Attorney/Agent Reg. No.: 48,885				Dated: <u>December 18, 2009</u>	
OSHA · LIANG LLP Two Houston Center 909 Fannin Street, Suite 3500 Houston, Texas 77010 (713) 228-8600 (713) 228-8778 (Fax) Attorney for Applicant(s)					